

**AGENCY ANNUAL PROGRAM PERFORMANCE REPORT FOR PATBI**

**REPORTING PERIOD: FROM 10/1/2004 TO 9/30/2005**

**STATE:** Virginia

**AGENCY NAME:** Virginia Office for Protection and Advocacy

**DATE SUBMITTED:** December 21, 2005

## AGENCY INFORMATION

**Agency Name:** Virginia Office for Protection and Advocacy

**Address of Agency:**

**a. Main Office:**

1910 Byrd Avenue, Suite 5  
Richmond, Virginia 23230

**b. Satellite Office(s) (if applicable):**

287 Independence Boulevard, Suite 120  
Virginia Beach, Virginia 23462

**c. Contract Office(s) (if applicable):**

Not Applicable

<b>Agency Telephone Number:</b>	(804) 225-2042
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<b>Agency Toll-Free TTY Number:</b>	(800) 552-3962
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<b>Staff Preparing Report Office Location:</b>	Richmond, Virginia

## **PART I: NON-CASE SERVICES**

### **A. INFORMATION AND REFERRAL SERVICES (I&R)**

<b>1. Total Individuals Receiving I&amp;R Services</b>	334
<b>2. Total Number of I&amp;R requests during the Fiscal Year</b>	*

\*VOPA did not collect the number of TBI service requests; just the number of individuals.

### **B. TRAINING ACTIVITIES**

<b>1. Number of Trainings Presented by Staff</b>	1
<b>2. Number of Individuals Who Attended These Trainings</b>	30

**3. Describe at least two (2) trainings presented by the staff. Be sure to include information about the topics covered, the purpose of the training, and a description of the attendees.**

VOPA presented at the National Criminal Justice Command College of the University of Virginia concerning law enforcement interaction with persons with mental illness, TBI, and other disabilities. Representatives of more than three (3) law enforcement agencies attended the training. VOPA's training materials have been presented to additional law enforcement agencies and to two (2) other protection and advocacy agencies.

VOPA routinely provides training and speaking engagements through our Speakers Bureau. This is VOPA staff being available to provide training and presentations that are related to the Office's current Goals/Focus areas/Objectives (priorities). VOPA also provides exhibits and/or materials for fairs, conferences, and other functions. These activities include providing information about our work in the area of traumatic brain injuries.

VOPA's Speakers Bureau has been busy over the past year. Whenever a presentation is conducted about VOPA in general, it addresses some of the work we do related to traumatic brain injuries. In particular, our presentations related to special education and Medicaid may be helpful to people with traumatic brain injuries, their families, advocates and providers.

#### **4. Agency Outreach**

**Describe the agency's outreach efforts to previously unserved or underserved individuals including minority communities.**

1) VOPA has two Advisory Councils known as the Disabilities Advisory Council (DAC) and The Protection and Advocacy for Individuals with Mental Illnesses (PAIMI) Advisory Council. The Councils' primary responsibility is to advise the protection and advocacy system on policies and priorities to be carried out in protecting individuals with disabilities. This function helps VOPA to identify underserved and unserved Virginians.

2) VOPA has developed a Spanish Speaking Outreach Committee. With the assistance of VOPA's Spanish-speaking Outreach Committee, VOPA has been able to get a sense of the diverse needs of this community. The committee is comprised of VOPA staff, representatives of the Disability Advisory Council and PAIMI Council, and community and political leaders representing the Spanish-speaking community in the Commonwealth. We have identified that there is a need to educate this community about disability rights in special education, state and community facilities, accessibility to medical services (lack of interpreters), and opportunities for self-advocacy. The committee is working with the Richmond, Henrico, and Chesterfield, Virginia, Coalitions and the Richmond Hispanic Liaison Office to eliminate cultural and linguistic barriers so that general education can take place about VOPA and determine where VOPA should target its advocacy efforts.

VOPA has begun the general education process by meeting with the Limited English Speaking Program in Richmond to discuss VOPA's mission and services. VOPA has also met with the Governor's Latino Advisory Commission Liaison to discuss the findings of the Latino Advisory Commission's report on the needs of the Latino community in Virginia. VOPA made a radio appearance for WRIR (97.3 FM), a newly created independent radio station in Richmond which provides many public interest shows targeted at the Spanish-speaking community in Richmond.

VOPA maintains a website that posts all of our federal grants' priorities, goals, and objectives, including TBI. This website also has the notices for the Board of Directors' and VOPA's Advisory Councils meetings. Job vacancies, announcements, VOPA publications, quarterly newsletters, and disability-related links are also available. In FY 2005 there were 19,733 VOPA website hits.

VOPA identified the Eastern Shore, Northern Neck and the far Southwest Virginia as areas of Virginia where more outreach needs to occur to increase awareness of VOPA and the services it may provide. Prioritizing the Eastern Shore area, VOPA developed an outreach plan and has initiated it. The plan includes contacting disability related service providers in the Eastern Shore area to share information about VOPA.

The VOPA newsletter mailing list was reviewed and updated to better reflect inclusion of underserved populations. It has been updated to include more consumer and family representation. In addition, other advocacy entities have been added. The newsletter mailing list is not a static work product; VOPA considers it to be an on-going project that will consistently be reviewed and updated to best reflect the disability communities in Virginia.

VOPA performed targeted outreach to Brain Injury Services of Southwest Virginia. The outreach was designed to provide information and referral as well as legal representation to persons with traumatic brain injuries. VOPA would visit with clients of BISSWVA either at their office or homes. VOPA has opened cases and provided representation as a result of this program. In one case, VOPA is representing a child with a traumatic brain injury to ensure that she receives a free, appropriate public education and appropriate educational supports and services.

### **C. INFORMATION DISSEMINATED TO THE PUBLIC**

<b>1. Radio and TV Appearances by Agency Staff</b>	<b>3</b>
<b>2. Newspaper/Magazine/Journal Articles Prepared by Agency Staff</b>	<b>5</b>
<b>3. PSAs/Videos Aired by the Agency</b>	<b>1</b>
<b>4. Website Hits</b>	<b>19733</b>
<b>5. Publications/Booklets/Brochures Disseminated by the Agency</b>	<b>unknown</b>

#### **6. Other Not applicable**

<b>Number</b>	<b>Description (use separate sheets if necessary)</b>

#### **7. External Media Coverage of Agency Activities Not applicable**

<b>Radio/TV Coverage</b>	<b>Newspaper/ Magazines/Journal</b>	<b>PSAs/Videos</b>	<b>Publications/ Booklets/Brochures</b>

## **PART II: CASE-SERVICES**

### **A. INDIVIDUALS SERVED**

<b>1. Individuals</b>	
<b>a. Individuals Served Receiving Advocacy at Start of Fiscal Year (carryover from prior)</b>	<b>2</b>
<b>b. Additional Individuals Served During Fiscal Year (new for fiscal year)</b>	<b>11</b>
<b>c. Total Number of Individuals Served During Fiscal Year (a + b)</b>	<b>13</b>
<b>d. Total Number of Individuals with Cases that Were Closed During Fiscal Year</b>	<b>8</b>
<b>e. Total Individuals Still Being Served at the End of the Fiscal Year</b>	<b>5</b>

<b>2. Services</b>	
<b>a. Number of Cases/Service Requests Open at Start of Fiscal Year (carryover from prior)</b>	<b>2</b>
<b>b. Additional Cases/Service Requests Opened During Fiscal Year (new for fiscal year)</b>	<b>15</b>
<b>c. Total Number of Cases/Service Requests During Fiscal Year (a + b)</b>	<b>17</b>
<b>d. Total Number of Cases/Service Requests that Were Closed During Fiscal Year</b>	<b>8</b>
<b>e. Total Number of Cases/Service Requests Open at the End of the Fiscal Year</b>	<b>11</b>

### **B. PROBLEM AREAS/COMPLAINTS OF INDIVIDUALS SERVED**

<b>Complaint</b>	
<b>1. Abuse (total)</b>	
<b>a. Inappropriate Use of Restraint &amp; Seclusion</b>	
<b>b. Involuntary Treatment</b>	
<b>c. Physical, Verbal, &amp; Sexual Assault</b>	
<b>d. Other</b>	
<b>2. Access to Records</b>	
<b>3. Advance Directives</b>	
<b>4. Architectural Accessibility</b>	
<b>5. Assistive Technology (total)</b>	<b>2</b>
<b>a. Augmentative Comm. Devices</b>	
<b>b. Durable Medical Equipment</b>	<b>1</b>
<b>c. Vehicle Modification/Transportation</b>	
<b>d. Other</b>	<b>1</b>
<b>6. Civil Commitment</b>	
<b>7. Custody/Parental Rights</b>	
<b>8. Education (total)</b>	<b>2</b>
<b>a. FAPE: IEP/IFSP Planning/Development/Implementation</b>	<b>1</b>
<b>b. FAPE: Discipline/Procedural Safeguards</b>	
<b>c. FAPE: Eligibility</b>	
<b>d. FAPE: Least Restrictive Environ.</b>	
<b>e. FAPE: Multi-disciplinary Evaluation/Assessments</b>	
<b>f. FAPE: Transition Services</b>	<b>1</b>

<b>g. Other</b>	
<b>9. Employment Discrimination (total)</b>	<b>1</b>
<b>a. Benefits</b>	
<b>b. Hiring/Termination</b>	
<b>c. Reasonable Accommodations</b>	
<b>d. Service Provider Issues</b>	<b>1</b>
<b>e. Supported Employment</b>	
<b>f. Wage and Hour Issues</b>	
<b>g. Other</b>	
<b>10. Employment Preparation</b>	<b>2</b>
<b>11. Financial Benefits (total)</b>	
<b>a. SSDI Work Incentives</b>	
<b>b. SSI Eligibility</b>	
<b>c. SSI Work Incentives</b>	
<b>d. Social Security Benefits Cessation</b>	
<b>e. Welfare Reform</b>	
<b>f. Work Related Overpayments</b>	
<b>g. Other Financial Entitlements</b>	
<b>12. Forensic Commitment</b>	
<b>13. Government Benefits/Services</b>	<b>2</b>
<b>14. Guardianship/Conservatorship</b>	
<b>15. Healthcare (total)</b>	
<b>a. General Healthcare</b>	
<b>b. Medicaid</b>	
<b>c. Medicare</b>	
<b>d. Private Medical Insurance</b>	
<b>e. Other</b>	
<b>16. Housing (total)</b>	<b>1</b>
<b>a. Accommodations</b>	
<b>b. Architectural Barriers</b>	
<b>c. Landlord/Tenant</b>	
<b>d. Modifications</b>	
<b>e. Rental Denial/Termination</b>	
<b>f. Sales/Contracts/Ownership</b>	<b>1</b>
<b>g. Subsidized Housing/Section 8</b>	

<b>h. Zoning/Restrictive Covenants</b>	
<b>i. Other</b>	
<b>17. Immigration</b>	
<b>18. Neglect (total)</b>	<b>2</b>
<b>a. Failure to Provide Necessary or Appropriate Medical Treatment</b>	
<b>b. Failure to Provide Necessary or Appropriate Mental Health Treatment</b>	
<b>c. Failure to Provide Necessary or Appropriate Personal Care &amp; Safety</b>	<b>2</b>
<b>d. Other</b>	
<b>19. Post-Secondary Education</b>	
<b>20. Non-Medical Insurance</b>	
<b>21. Privacy Rights</b>	
<b>22. Rehabilitation Services (total)</b>	<b>3</b>
<b>a. Communications Problems (Individuals/Counselor)</b>	<b>1</b>
<b>b. Conflict About Services To Be Provided</b>	
<b>c. Individual Requests Information</b>	
<b>d. Non-Rehabilitation Act</b>	
<b>e. Private Providers</b>	<b>1</b>
<b>f. Related to Application/Eligibility Process</b>	
<b>g. Related to IWRP Development/Implementation</b>	<b>1</b>
<b>h. Related to Title I of ADA</b>	
<b>i. Other Rehabilitation Act-related problems</b>	
<b>23 Suspicious Death</b>	
<b>24. Transportation (total)</b>	
<b>a. Air Carrier</b>	
<b>b. Paratransit</b>	
<b>c. Public Transportation</b>	
<b>d. Other</b>	<b>1</b>
<b>25. Unnecessary Institutionalization</b>	
<b>26. Voting (total)</b>	
<b>a. Accessible Polling Place / Equipment</b>	
<b>b. Registration</b>	
<b>c. Other</b>	
<b>27. Other-access to recreational facility</b>	<b>1</b>

## C. REASONS FOR CLOSING CASE FILES

### 1. Reason for Closing Case Files

Reason	
a. All Issues Resolved in Client's Favor	6
b. Some Issues Resolved in Client's Favor	
c. Other Representation Obtained	
d. Individual Withdrew Complaint	1
e. Services Not Needed Due to Death, Relocation, etc.	
f. Individual Not Responsive to Agency	
g. Case Lacked Legal Merit	1
h. Conflict of Interest	
i. Agency Withdrew from Case	
j. Lack of Resources	
k. Not Within Priorities	
l. Issue Not Resolved in Client's Favor	
m. Other*	
n. Total	8

## D. HIGHEST INTERVENTION STRATEGY

Interventions	
1. Short Term Assistance	1
2. Systemic/Policy Activities	
3. Investigation/Monitoring	
4. Negotiation	6
5. Mediation/Alternative Dispute Resolution	1
6. Administrative Hearing	
7. Legal Remedy/Litigation	
8. Class Action Suits	



**PART III: STATISTICAL INFORMATION FOR INDIVIDUALS SERVED**

**A. AGE OF INDIVIDUALS SERVED**

Age	
0 to 12	3
13 to 18	1
19 to 25	4
26 to 64	5
65 and over	
Total	13

**B. GENDER OF INDIVIDUALS SERVED**

Male	10
Female	3
Total	13

**C. RACE/ETHNICITY OF INDIVIDUALS SERVED**

Race/Ethnicity	
1. American Indian/Alaskan Native	
2. Arab American	
3. Asian	
4. Black/African American	2
5. Hispanic/ Latino	
6. Native Hawaiian/Other Pacific Islander	
7. White/Caucasian	11
8. Multiracial/Multiethnic	
9. Race/Ethnicity Unknown	
10. Other Than Above*	
11. Total	13

**D. LIVING ARRANGEMENTS OF INDIVIDUALS SERVED**

Arrangement	
1. Community Residential Home	1
2. Foster Care	
3. Homeless/Shelter	
4. Legal Detention/Jail/Prison	
5. Nursing Facility	1
6. Parental/Guardian or Other Family Home	7
7. Independent	4
8. Private Institutional Setting	
9. Public (State Operated) Institutional Setting	
10. Public Housing	
11. VA Hospital	
12. Other*	
13. Unknown/Not Provided	

**E. GEOGRAPHIC LOCATION**

Geographic Location	
1. Urban/Suburban	4
2. Rural	9
3. Total	13

## **PART IV: SYSTEMIC ACTIVITIES AND LITIGATION**

### **A. SYSTEMIC ACTIVITIES**

<b>1. Number of Policies/Practices Changed as a Result of Non-Litigation Systemic Activities</b>	<b>0</b>
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**2. Describe the agency's systemic activities. Be sure to include information about the policies that were changed and how these changes benefit individuals with disabilities. If possible, estimate the number of individuals potentially impacted by such policy changes. Also include at least three case examples of how the agency's systemic activities impacted individuals served.**

See below regarding VOPA's work in the area of Medicaid. Although this was not completed with TBI funding, it has the potential to positively impact individuals with TBI.

### **B. LITIGATION/CLASS ACTIONS**

<b>1. Total Number of Non-Class Action Lawsuits Filed</b>	<b>0</b>
<b>a. Number of Non-Class Action Lawsuits Filed During Fiscal Year (new for fiscal year)</b>	<b>0</b>
<b>b. Number of Non-Class Action Lawsuits Filed at Start of Fiscal Year (carryover from prior fiscal year)</b>	<b>0</b>

<b>2. Total Number of Class Action Lawsuits Filed</b>	<b>0</b>
<b>a. Number of Class Action Lawsuits Filed During Fiscal Year (new for fiscal year)</b>	<b>0</b>
<b>b. Number of Class Action Lawsuits Filed at Start of Fiscal Year (carryover from prior fiscal year)</b>	<b>0</b>

**3. Describe the agency's litigation/class action activities. Explain how individuals with disabilities benefited from such litigation. If possible, estimate the number of individuals potentially impacted by changes resulting from the litigation. Be sure to include at least three case examples that demonstrate the impact of the agency's litigation.**

Not applicable.

### **C. MONITORING**

**Describe any monitoring conducted by the agency by providing the major areas of non-litigation-related monitoring activities and the groups likely to be affected. Address the major outcomes of the monitoring activities during the fiscal year. Be sure to include at least three case examples that demonstrate the impact of the agency's monitoring activities.**

Not applicable.

### **D. LITIGATION-RELATED MONITORING**

**Describe any monitoring conducted by the agency related to court orders or case settlements by providing the major areas of monitoring and the groups likely to be affected. Address the major outcomes of the litigation-related monitoring during the fiscal year. Be sure to include at least three case examples that demonstrate the impact of the agency's litigation-related monitoring.**

Not applicable.

**E. FULL OR PRELIMINARY INVESTIGATIONS**

Describe any full investigations conducted by the agency by providing the major areas of investigation and the groups likely to be affected. Address the major outcomes of the investigations during the fiscal year. Be sure to include at least three case examples that demonstrate the impact of the agency's investigations. Use separate sheets if necessary.

Not applicable.

**F. DEATH INVESTIGATIONS**

1. Number of Formal Death Reports Received	0
2. Number of Informal/External Death Reports Received	0
3. Number of Death Investigations	0

4. Describe any death investigations conducted by the agency during the fiscal year and any subsequent activities resulting from these investigations. Also include the major outcomes of the death investigations. Use separate sheets if necessary.

Not applicable.

**PART V: PRIORITIES AND OBJECTIVES**

**A. CURRENT PRIORITIES AND OBJECTIVES**

Use the format below to describe the program priorities and objectives toward which the prior fiscal year's activities were targeted.

**Priority #1**

People with Disabilities are Free from Abuse and Neglect

**Focus Area:** Abuse and Neglect in Community Settings

**Description of Need, Issue, or Barrier Addressed:**

Individuals with disabilities living in licensed residential facilities in the community are being subjected to abuse and neglect.

**Indicator(s):**

1. Investigate instances of alleged abuse and neglect in licensed community residential settings, particularly concerning inappropriate medication, safety, and inappropriate use of seclusion or restraint, and remediate identified violations.

<b>Outcome:</b> Met
<b>Total Number of Cases Handled – 1</b>

**Illustrative Cases (at least one specific case description showing the success)**

An assisted living facility threatened to take a man with a traumatic brain injury who lived in their facility and drop him off at a homeless shelter. VOPA represented the man in a neglect case. The man suffered a traumatic brain injury when he was 23 years old, and at the time of this case was in his mid-forties.

The assisted living facility housed primarily seniors, and although VOPA's client had lived at the facility for two years, the facility had grown tired of his disability-related behaviors and wanted to discharge him. The facility failed to engage in discharge planning. They called the man's sister insisting that she must sign a contract holding her liable in case her brother caused any damage. The sister refused to sign the contract, and the assisted living facility began discharge proceedings. The facility told the sister that they sent her a notice saying that her brother must vacate the premises within 15 days. The facility had not made any plans for the man to move elsewhere. The sister, who also has a disability, was not aware of anywhere the man could live. It was not possible for the man to live with her. The facility, in turn, said that if she would not come and get him at the end of 15 days, they would drop him off at a homeless shelter. The sister pleaded with them not to do this because the man would not survive if he did not have appropriate care. The sister called VOPA for help.

VOPA met with the administrators of the facility and the client and his family. VOPA explained to the facility that they would be guilty of neglect if they dropped the man off at a homeless shelter. The facility denied that they ever said they would drop the man off at a homeless shelter, but admitted that they told the sister that they were going to discharge him in 15 days. VOPA told the facility administrators that they failed to engage in discharge planning, and that this action was unlawful. VOPA also informed the facility that they were discriminating against the man due to the nature of his disability. The facility stopped the discharge. The contractual issue was resolved and the man remained in the facility.

**Priority #1: Children with Disabilities Receive an Appropriate Education**  
**Focus Area: Best Practices in Education about Traumatic Brain Injury**

**Description of Need, Issue, or Barrier Addressed:**

Accurate and current information is a critical resource for families of and children with disabilities attending school. They must be kept current with the most recent policy development in order to be able to provide effective advocacy. Children with TBI are at high risk of having their behavior and disabilities misperceived as inappropriate and thus negatively impacting their ability to participate in school.

**Indicator(s):**

1. Develop a fact sheet describing services available to persons with traumatic brain injury.
2. Represent three (3) children with traumatic brain injury who have been denied a free appropriate public education.

<b>Outcome:</b>	Partially Met/Continuing
<b>Total Number of Cases Handled</b>	2

**Illustrative Cases (at least one specific case description showing the success)**

VOPA will be developing a TBI resources fact sheet in FY06.

VOPA has represented children with traumatic brain injuries who were denied a free appropriate public education. In one case, VOPA is representing a child who had a severe

brain injury and who responds well to particular types of therapy. VOPA is advocating to ensure that her school provides additional therapy so that she can advance in her other studies as well. VOPA is also representing a child with a brain injury to ensure that he receives appropriate transition services from his school.

**Priority #2: People with Disabilities have Equal Access to Government Services**  
**Focus Area: Law Enforcement Agencies Recognize the Rights of Persons with Disabilities**

**Description of Need, Issue, or Barrier Addressed:**

This allows VOPA to enforce Title II of the Americans with Disabilities Act on a systemic basis.

**Indicator(s):**

1. Develop a notice for law enforcement agencies concerning responding to persons with mental illness who are in crisis and other information concerning the rights and protections of person with disabilities and distribute. *(See below for explanation)*
2. In conjunction with the Brain Injury Association of Virginia, create a work group to improve appropriateness of law enforcement officials' responses to persons with traumatic brain injuries.

<b>Outcome:</b>	Met
<b>Total Number of Cases Handled</b> —Not case level services	

**Illustrative Cases (at least one specific case description showing the success)**

VOPA presented at the National Criminal Justice Command College of the University of Virginia concerning law enforcement interaction with persons with mental illness, TBI and other disabilities. Preparation for this presentation included VOPA representatives meeting with representatives of the Brain Injury Association of Virginia to discuss this and other collaborative efforts. This effort included the notice to law enforcement officials.

**Priority #3: People with Disabilities have Equal Access to Government Services**  
**Focus Area: Failure to provide appropriate TBI-related supports and therapies for persons who have a dual diagnosis of mental retardation/development disabilities (MR/DD) and TBI, or Mental Illness and TBI.**

**Description of Need, Issue, or Barrier Addressed:**

Virginia does not have a coordinated public service delivery system for individuals with traumatic brain injuries. They frequently have to “cobble” together services from a variety of providers both public and private who may or may not have expertise in serving individuals with brain injury. VOPA has been informed that, individuals with brain injuries and these disabilities frequently are denied services by the MR/DD and MH provider as they consider the brain injury to be “primary” or the real issue and the MR/DD and MH cannot be addressed until the brain injury is addressed.

**Indicator(s):**

Represent three (3) persons with dual diagnoses who were denied appropriate services in the community.

<b>Outcome:</b>	<b>Met</b>
<b>Total Number of Cases Handled</b>	<b>4</b>

**Illustrative Cases (at least one specific case description showing the success)**

VOPA has provided legal services to four people in this area. In one case, VOPA represented a person who was denied appropriate Assistive Technology Services. VOPA ensured that the person would receive access to her needed technology.

**Priority #4: People with Disabilities live in the Most Integrated Environment Possible**  
**Focus Area: Appropriate Services and Supports to Enable People to Move into the Community**

**Description of Need, Issue, or Barrier Addressed:**

This allows VOPA to advocate for adherence to the true intent of the Olmstead decision.

**Indicator(s):**

1. Investigate whether children with disabilities who are eligible for Virginia's Early and Periodic Screening Diagnostic and Treatment program are improperly placed in nursing homes or Intermediate Care Facilities for the Mentally Retarded due to a failure by the Virginia Department of Medical Assistance Services (DMAS) to comply with state and federal Medicaid laws and regulations. If so, initiate litigation or other advocacy to change this practice.
2. Investigate whether DMAS fails to notify children eligible for Virginia's EPSDT program of the existence of the program, in violation of state and federal Medicaid laws and regulations. If so, initiate litigation or other advocacy to change this practice.
3. Through litigation or other advocacy, ensure that hospitals comply with the Virginia Law requiring the reporting of brain injuries to the Department of Rehabilitative Services so the Department can offer services to persons with brain injuries.

<b>Outcome:</b>	<b>Met</b>
<b>Total Number of Cases Handled:</b>	<b>1</b>

**Illustrative Cases (at least one specific case description showing the success)**

VOPA has represented several EPSDT eligible children who were at risk of nursing home or institutional placement due to the failure of the Department of Medical Assistance Services (DMAS) to comply with state and federal law. VOPA is investigating whether DMAS is properly administering its Elderly or Disabled with Consumer Direction Waiver. VOPA has received complaints that DMAS has not enrolled enough Consumer Directed Service Facilitators to ensure that people receive services. In one case, a person has located a service provider, but cannot hire that person because there is no DMAS-enrolled Service Facilitator to provide training. VOPA has also learned that there are many children in similar situations, unable to access services because DMAS has not enrolled Facilitators to train and assist the families. VOPA has spoken with several enrolled Facilitators who indicate that they will not provide services due to actions taken by DMAS. VOPA will continue to investigate

and take such steps as are necessary to ensure that children have access to Consumer Directed Services. In two other cases, DMAS had improperly delayed finding children eligible for services, for a period of months, due to its failure to ensure that all paperwork was completed. In each case, DMAS, after being alerted by VOPA, corrected the problem and provided services to the children. DMAS indicated that it had identified several other children with similar problems and was taking steps to correct them. In another case, VOPA advocated for a child to receive EPSDT services that had originally been denied. After VOPA entered into the case, DMAS agreed to provide services to the child.

VOPA has monitored DMAS' compliance with the Court Order obtained by VOPA requiring DMAS to inform children of the existence of EPSDT services. By all accounts, DMAS has done so and provided training to its employees and agents on the existence and benefits of EPSDT. Although this was not completed with TBI funding, it has the potential to positively impact individuals with TBI.

VOPA attempted to work in collaboration with the Brain Injury Association of Virginia to develop an advocacy campaign to ensure that hospitals report brain injuries to the Department of Rehabilitative Services, as required by state law. Collaboration was somewhat slowed due to scheduling difficulties and work by the Brain Injury Association on other matters. However, we eventually identified the appropriate contacts within each entity for collaboration. With further discussion with BIAV, it became clear that they were cautious about aggressively pursuing any action in this area. They felt like the advocacy they were doing with the hospitals was making an impact. BIAV also noted that there was a movement to place the Brain Injury Registry under the Department of Health instead of DRS. BIAV advised that it may be prudent to assess how this change impacts the level of reporting prior to taking any further advocacy steps

**Priority #5: People with Disabilities are Employed to their Maximum Potential**

**Focus Area: Maximized Employment for Vocational Rehabilitation Clients who are Difficult to Serve**

**Description of Need, Issue, or Barrier Addressed:**

This allows VOPA to advocate for greater access to vocational rehabilitation options for individuals with disabilities who are perceived as difficult to serve. This was brought to VOPA's attention anecdotally.

**Indicator(s):**

1. Through litigation or other advocacy, ensure that the Department of Rehabilitative Services does not improperly consider the resources of SSI/SDI recipients when providing educational funding.
2. Represent five (5) persons with Traumatic Brain injuries, mental illness, or who are HIV positive or have AIDS, who have been denied appropriate employment training or other employment-related services by the Department of Rehabilitative Services.
3. Represent 30 persons with disabilities who have disputes with the Department of Rehabilitative Services over eligibility for services or maximized employment.

<b>Outcome:</b>	<b>Met</b>
<b>Total Number of Cases Handled:</b>	<b>2</b>

**Illustrative Cases (at least one specific case description showing the success)**



VOPA has entered a settlement with DRS ensuring that DRS does not improperly consider the resources of SSDI recipients when providing educational funding. Previously, DRS had improperly considered the resources of SSI/SSDI recipients, resulting in DRS clients being denied educational funding. VOPA investigated and found that DRS was violating federal law by doing so. VOPA demanded that DRS change its practice and, after settlement negotiations, DRS agreed to do so. VOPA has reviewed DRS' new policy and is of the opinion that it is in compliance with federal law. Although this was not completed with TBI funding, it has the potential to positively impact individuals with TBI.

**Priority #6: People with Disabilities have Equal Access to appropriate and Necessary Health Care**

**Focus area: Traumatic Brain Injury Waiver**

**Description of Need, Issue, or Barrier Addressed:**

Virginia does not have a coordinated public service delivery system for individuals with traumatic brain injuries. They frequently have to "cobble" together services from a variety of providers both public and private who may or may not have expertise in serving individuals with brain injury. Because of this fragmented service delivery system, individuals with brain injuries need a dedicated funding stream to help the development of a coordinated service delivery system.

**Indicator(s):**

1. In conjunction with the Brain Injury Association of Virginia, Virginia Brain Injury Council and the Virginia Disabilities Services Council, inform policy-makers of the need for funding of a Medicaid Brain Injury Wavier and for case management services for persons with traumatic brain injury.

<b>Outcome:</b>	<b>Met</b>
<b>Total Number of Cases Handled –not case level services</b>	

**Illustrative Cases (at least one specific case description showing the success)**

A TBI waiver was not funded by the 2005 General Assembly so there was limited work to be done in this area. VOPA has continued to consult with the brain injury community about its service needs.

VOPA has established a presence on the Brain Injury Council. We participated in an outcomes development and reporting work day with the brain injury service delivery providers who receive State funding funneled through the Department of Rehabilitative Services. We identified avoiding institutionalization as a necessary outcome.

**Priority #7: People with Disabilities have Equal Access to Appropriate and Necessary Health Care**

**Focus Area: Assistive Technology Obtained through Medicaid and other Insurances.**

**Description of Need, Issue, or Barrier Addressed:**

This allows VOPA to address the denial of assistive technology devices and services for people with disabilities by insurance entities.

**Indicator(s):**

1. Represent three persons with disabilities who have been denied funding for Assistive Technology by Medicaid or other insurances.

<b>Outcome:</b>	<b>Met</b>
<b>Total Number of Cases Handled:</b>	<b>3</b>

**Illustrative Cases (at least one specific case description showing the success)**

VOPA represented two clients who had been denied assistive technology because the state Rehabilitation Center refused to complete timely assessments. In each case, the Department of Medical Assistance Services investigated and required the Center to complete the assessment. In each case, the child received the technology.

VOPA also represented a child who was denied assistive technology under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program. VOPA filed an appeal of the denial and requested a hearing. DMAS agreed to provide the technology to the child.

**Priority #8: People with Disabilities in the Commonwealth of Virginia are Aware of VOPA's Services****Description of Need, Issue, or Barrier Addressed:**

VOPA will increase its visibility in the disability communities.

**Indicator(s):**

1. Develop and implement an outreach program for an identified geographic region of the state that has traditionally be underserved by VOPA.
2. Evaluate the VOPA newsletter mailing list to be certain that underserved populations are represented. Distribute the newsletter quarterly.
3. Complete two (2) presentations or outreach sessions between January 2005 and June 2005 for Spanish-speaking communities.
4. With the assistance of VOPA's Spanish Speaking community Advisory Committee, develop a plan for outreach to targeted Spanish-speaking constituencies.
5. Coordinate VOPA outreach activities with the Governor's Latino Advisory Commission Liaison through regular bi-monthly meetings.
6. Conduct a training at the Brain Injury Association of Virginia annual conference regarding potential areas of discrimination and Virginia's Protection and Advocacy program.

<b>Outcome:</b>	<b>Met</b>
<b>Total Number of Cases Handled:</b>	<b>Not Case Level Services</b>

**Illustrative Cases (at least one specific case description showing the success)**

VOPA identified the Eastern Shore and far Southwest Virginia as areas that are underserved by the Office based on client database data and staff input. We developed an outreach plan to identify and visit key service providers in these areas so that better education and training about VOPA's services can take place. Outreach planning includes visits to a local hospital, the Community Services Board, a local Department of Social Services, and the region's Center for Independent Living. VOPA has also identified the deaf and hard of hearing and

visually impaired populations in far Southwest Virginia as “underserved populations” and is actively working with legal service organizations, Centers for Independent Living and other social organizations to get the word out about VOPA’s mission and services.

VOPA has developed a Spanish Speaking Outreach Committee. With the assistance of VOPA’s Spanish-speaking Outreach Committee, VOPA has been able to get a sense of the diverse needs of this community. The committee is comprised of VOPA staff, representatives of the Disability Advisory Council and PAIMI Council, and community and political leaders representing the Spanish-speaking community in the Commonwealth. We have identified that there is a need to educate this community about disability rights in special education, state and community facilities, accessibility to medical services (lack of interpreters), and opportunities for self-advocacy. The committee is working with the Richmond, Henrico, and Chesterfield, Virginia, Coalitions and the Richmond Hispanic Liaison Office to eliminate cultural and linguistic barriers so that general education can take place about VOPA and determine where VOPA should target its advocacy efforts.

VOPA has begun the general education process by meeting with the Limited English Speaking Program in Richmond to discuss VOPA’s mission and services. VOPA has also met with the Governor’s Latino Advisory Commission Liaison to discuss the findings of the Latino Advisory Commission’s report on the needs of the Latino community in Virginia. VOPA made a radio appearance for WRIR (97.3 FM), a newly created independent radio station in Richmond which provides many public interest shows targeted at the Spanish-speaking community in Richmond.

VOPA provided a presentation at the conference hosted by the Brain Injury Services of Southwest Virginia.

Most of the work for this priority was conducted with a combination of funding streams. However, VOPA would like to note that these underserved areas/populations probably have residents with traumatic brain injuries.

## **B. AGENCY ACCOMPLISHMENTS**

**Describe the most significant accomplishments of the agency during the fiscal year.**

Please see above regarding the work involving Medicaid.

A representative from the Brain Injury Association of Virginia provided VOPA staff an overview of brain injuries, their impact on the individual and the family, and provided tips on how to more effectively work with people with brain injuries in the area of communication, task completion, and so on.

## **C. IMPLEMENTATION PROBLEMS**

**Describe any external or internal implementation problems for priorities marked “not met” or “partially met.”**

- VOPA experienced some staff changes in key positions related to outreach and publication development. This has been recognized and the outreach advocate position is being re-evaluated in relationship to the needs of the overall agency.
- The Disability Rights Advocate that had been leading the TBI work left VOPA and that position was only recently filled. With her leaving, much knowledge of the TBI service delivery network in Virginia also was gone. This has been a year of re-learning for VOPA in the area of Traumatic Brain Injuries.

## **PART VI: AGENCY ADMINISTRATION**

### **A. GRIEVANCES FILED**

<b>PATBI grievances filed against the agency during the fiscal year</b>	<b>0</b>
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### **B. COLLABORATIVE EFFORTS**

#### **1. NETWORK COLLABORATION**

**Identify issues selected for network collaboration.**

It should be noted that VOPA plans its programs based on the needs within the state; not by funding stream or specific disabilities. Some cases and systemic efforts may be addressed in conjunction with other funding streams, but the result will still be a positive impact on PATBI eligible individuals.

#### **2. ALL OTHER COLLABORATION**

**Describe any coordination with programs that are not part of the agency (e.g. state long-term care programs, etc.). Use separate sheets if necessary.**

Coordination with the State Long-Term Care Program (Virginia Department of Aging) occurs on an as needed basis. However, VOPA does attend and participate in their Virginia Public Guardian and Conservator Advisory Board.

The Department of Medical Assistance Services (DMAS) is the primary source of funding for the long-term care system in Virginia. Again, VOPA coordinates with them on an as needed basis. Specific activities in the past year have included participation in the Medicaid Buy-In.

In addition, under other and with TBI funding, VOPA collaborated with the following entities:

- Department of Mental Health, Mental Retardation and Substance Abuse Services' Central Office and institutions
- Local Human Rights Committees
- Partnership for People with Disabilities
- Virginia State Independent Living Council
- Department of Rehabilitative Services
- Department of Medical Assistance Services
- Office of the Attorney General
- Virginia Public Guardian and Conservator Advisory Board
- Virginia Board for People with Disabilities
- State Special Education Advisory Council
- Office of the Inspector General
- Virginia Interagency Coordinating Council
- Medicaid Buy-In Work Group
- Centers for Independent Living
- Virginia Commonwealth University
- Community Services Boards

## **PART VII: END OF FORM**

<b>Signature</b>	<b>Date</b>
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<b>Name (printed)</b>	<b>Title</b>